N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13596

1. PLACE OF DEATH

County Jasper — Registration District No. 407 — File No.

Township — Primary Registration District No. 41 — Registered No.

City Carterville (No. , St. Ward)

2. FULL NAME William A. Bottom

(a) Residence, No. R#1 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Myrtle Bottom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1893

7. AGE: Years 40 — Months 3 — Days 18 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

FATHER

13. NAME Thomas Bottom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Della Shelton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mrs Myrtle Bottom R#1 Carterville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alexander Cem DATE 4/20 1933

19. UNDERTAKER (ADDRESS) Webb City Und Co Webb City, Mo.

20. FILED 4/19 1933 J. W. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932 to April 18, 1933

I last saw him alive on April 12, 1933. Death is said to have occurred on the date stated above, at 4:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1932
23A	
11A 23	
Other contributory causes of importance: Influenza	March 1932

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) J. W. Clark, M. D.

(Address) Carterville, Mo.